



3/15/10 11:55:15
OK W BK 628 PG 645
DESDOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by,
And after recording return to:
Goeldner, Porter & McDowell
P.O. Box 1468
Southaven, MS 38671-1468
Tel. 662-342-7700
Fax 662-342-7707

WARRANTY DEED

For good, legal and valuable consideration, receipt of all of which is hereby acknowledged, and for such specific consideration as is set forth below, GRANTOR hereby grants and conveys to GRANTEE all right, title and interest in the real property hereinafter described.

GRANTOR hereby covenants with, and warrants to, GRANTEE that he has fee title to the property listed herein, that he has the right to sell and convey said property, that the property is unencumbered except as listed below, and that the title and quiet possession will forever be defended against the lawful claims of all persons.

GRANTEE, his heirs, successors and assigns, is to have and hold the property listed herein together with all appurtenances and hereditaments of GRANTOR, in fee simple forever.

GRANTOR: ANNA J. WINTER
Anna J. Winter
2300 Tulane Road
Nesbit, MS 38651
Tel. (home) 901-337-8381
(office) n/a

GRANTEE: EDCAR LEE WINTER
GLORIANNE M. WINTER
Husband and Wife as joint tenants with right of survivorship and not as
Tenants in Common
8554 Ridge Crest Drive
Walls, MS 38680
Tel. cell: 901-258-1285
Tel. n/a

LEGAL DESCRIPTION:

State: Mississippi. County: Desoto.

Lot 32, Hailey's Hill Subdivision, as per plat recorded in Plat Book 19,
Pages 1-3, in the office of the Chancery Clerk of Desoto County,
Mississippi.

Indexing Instruction: Section 22, Township 2 South, Range 8 West

Street Address: 2300 Tulane Road, Nesbit, MS 38651

EXISTING ENCUMBRANCES:

Grantee takes title subject to the following encumbrances: all those of
record.

POSSESSION: Grantee is entitled to possession of the property as follows: from date of
the entry of the Judgment of Divorce which incorporates the property
settlement agreement between the parties.

DATE OF EXECUTION:4th..... day ofMarch....., 2010.

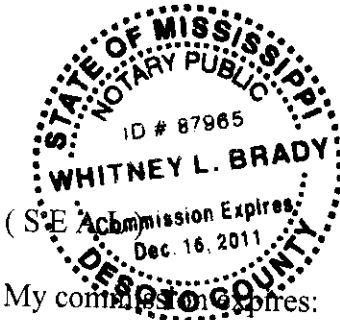
Anna J. Winter
ANNA J. WINTER

By: Mary C. Rodgers
Attorney in Fact
Under Power of Attorney recorded
Feb. 18, 2004, Book 102, Page 151
Office of the Chancery Clerk
Desoto County, Mississippi

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for this jurisdiction, the within named Mary C. Rodgers, who acknowledged signature and delivery of the above and foregoing instrument on the day and year therein mentioned as attorney in fact for Anna J. Winter.

Given under my hand and official seal of office this the 4th day of March, 2010.



Whitney L. Brady
NOTARY PUBLIC

My commission expires:

Prepared by,

And after recording return to:

✓ **Goeldner, McDowell, Abbott & Gill**

P.O. Box 1468

Southaven, MS 38671-1468

Tel. 662-342-7700

Fax 662-342-7707

AFFIDAVIT & CERTIFICATE OF DEATH

(Affidavit to prove death of joint tenant with right of survivorship and to establish title in surviving joint tenant)

AFFIANT: Mary C. Rodgers
5800 Ridgetop Drive
Horn Lake, MS 38637
Tel.(home) 901-337-8381
(office) n/a

SURVIVING
JOINT TENANT: Anna J. Winter
2300 Tulane Road
Nesbit, MS 38651
Tel. (home) 901-337-8381
(office) n/a

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, a notary public in and for this jurisdiction,
Mary C. Rodgers, who, having been duly sworn, states as follows:

1. I am Mary C. Rodgers, daughter of Edcar M. Winter and Anna J. Winter, the grantees in a Warranty Deed dated March 24, 1992, executed by H & R Land Developers, Inc. and recorded on March 25, 1992 in Book 243, Page 682, records of Warranty Deeds in the Chancery Clerk's Office of Desoto County, Mississippi.

2. The Warranty Deed conveyed real property to my parents, Edcar M. Winter and Anna J. Winter, as joint tenants with right of survivorship and not as tenants in common.

3. The property conveyed by the Warranty Deed is described as follows:

Lot 32, Hailey's Hill Subdivision, in Section 22, Township 2 South, Range 8 West, as per plat recorded in Plat Book 19, Pages 1-3, in the office of the Chancery Clerk of Desoto County, Mississippi.

4. My father, Edcar M. Winter, joint tenant, died on November 5, 2003, leaving title to said property vested in Anna J. Winter alone.

A certified copy of his death certificate is enclosed as Exhibit "A" to this affidavit.

Mary C. Rodgers
MARY C. RODGERS

Sworn to and subscribed before me this the 4th day of March, 2010.

Whitney L. Brady
NOTARY PUBLIC



My commission expires:

E/PRINT
IN
MANENT
ACK INK
FOR
DUCTIONS
ANDBOOK



STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

2. SEX

3. DATE OF DEATH (Month, Day, Year)

4. AGE- LAST BIRTHDAY (Years)

5a. UNDER 1 YEAR

5b. UNDER 1 DAY

6. DATE OF BIRTH (Month, Day, Year)

7. BIRTHPLACE (City and State or Foreign Country)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

9a. PLACE OF DEATH (Check only one)

9b. FACILITY NAME (If not institution, give street and number)

9c. CITY, TOWN, OR LOCATION OF DEATH

9d. COUNTY OF DEATH

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)

11. SURVIVING SPOUSE (If wife, give maiden name)

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

12b. KIND OF BUSINESS/INDUSTRY

13a. RESIDENCE-STATE

13b. COUNTY

13c. CITY, TOWN OR LOCATION

13d. STREET AND NUMBER OR RURAL LOCATION

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)

15. RACE-American Indian, Black, White, etc. (Specify)

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

17. FATHER'S NAME (First, Middle, Last)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

19a. INFORMANT'S NAME (Type/Print)

19b. RELATIONSHIP TO DECEASED

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

20a. METHOD OF DISPOSITION

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

20c. LOCATION-City or Town, State

21a. SIGNATURE OF FUNERAL DIRECTOR

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

21c. SIGNATURE OF EMBALMER

21d. LICENSE NUMBER OF EMBALMER

22a. NAME AND ADDRESS OF FUNERAL HOME

22b. LICENSE NUMBER OF FUNERAL HOME

23. REGISTRAR'S SIGNATURE

24. DATE FILED (Month, Day, Year)

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

25b. LICENSE NUMBER

25c. DATE SIGNED (Month, Day, Year)

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

29a. WAS AN AUTOPSY PERFORMED?

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

30. MANNER OF DEATH

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DK W BK 628 PG 650

EDCAR MARION WINTER

MALE

NOVEMBER 5, 2003

75

DEC. 6, 1927

PONTOTOC, MS

DECEDENT

1 ☒ Yes 2 ☐ No

HOSPITAL

Inpatient

ER/Outpatient

DOA

Nursing Home

Residence

Other (Specify)

BAPTIST MEMPHIS HOSPITAL

MEMPHIS

SHELBY

MARRIED

ANNA LUTHER

COOK

US COAST GUARD

MS

DeSOTO

NESBIT

2300 TULANE

CENSUS TRACT

13e. INSIDE CITY LIMITS?

1 ☐ Yes

2 ☒ No

13f. ZIP CODE

38651

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)

Yes ☐ No ☒

15. RACE-American Indian, Black, White, etc. (Specify)

WHITE

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

College (1-4 or 5+)

12

PARENTS

EMMITT WINTER

MARY BARBER

INFORMANT

ANNA WINTER

WIFE

2300 TULANE NESBIT, MS 38651

DISPOSITION

20a. METHOD OF DISPOSITION

1 ☒ Burial

2 ☐ Cremation

3 ☐ Removal from State

4 ☐ Donation

5 ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

FOREST HILL SOUTH CEMETERY

20c. LOCATION-City or Town, State

MEMPHIS, TN

21a. SIGNATURE OF FUNERAL DIRECTOR

CRYSTAL BEAUREGARD

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

5550

21c. SIGNATURE OF EMBALMER

WILLIAM S. JOYNER III

21d. LICENSE NUMBER OF EMBALMER

4341

22a. NAME AND ADDRESS OF FUNERAL HOME

FOREST HILL SOUTH
2545 EAST HOLMES ROAD

MEMPHIS, TN 38118

22b. LICENSE NUMBER OF FUNERAL HOME

920

REGISTRAR

CERTIFIER

23. REGISTRAR'S SIGNATURE

Arden Woods

Notary

24. DATE FILED (Month, Day, Year)

NOV 26 2003

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 ☒

SIGNATURE AND TITLE OF PHYSICIAN

Arden Woods

25b. LICENSE NUMBER

MD 14868

25c. DATE SIGNED (Month, Day, Year)

11-20-2003

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

2 ☐

SIGNATURE AND TITLE OF MEDICAL EXAMINER

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

RODNEY OLINGER, M.D.

6325 HUMPHREYS BLVD. MEMPHIS, TN 38120

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. left acute subdural hematoma

DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

2 days

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. fall

DUE TO (OR AS A CONSEQUENCE OF):

2 days

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

patient was on Plavix

29a. WAS AN AUTOPSY PERFORMED?

1 ☐ Yes 2 ☒ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH

1 ☐

Natural

5 ☐

Pending Investigation

2 ☒

Accident

3 ☐

Suicide

6 ☐

Could not be Determined

4 ☐

Homicide

31a. DATE OF INJURY (Month, Day, Year)

11-3-03

31b. TIME OF INJURY

NA

31c. INJURY AT WORK?

1 ☐

Yes

2 ☒

No

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

home

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

fall at home

BIRTH NO.

DNA 1200



I certify this to be a true and exact copy of the original.

Carolyn M. Cooke

Notary Public

My Commission Expires:
